

TP
3/02

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | MA | | 04/09/01 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 59 | 521 |
| FORMALITY REVIEW | KL | 1019 | 05-15-01 |
| RESPONSE FORMALITY REVIEW | lt | 907 | B-1401 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
| 1 | 11/15/02 |
| 2 | 3/5/03 |
| 3 | 7/15/03 |
| 4 | 5/17/04 |
| 5 | 7/11/04 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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76-613
 8-4401